## L18 060134175

(Re	equestor's Name)			
(Ac	ddress)			IIII 1
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	M.	AIL	
(Bu	usiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status _		
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## **COVER LETTER**

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INHS18 (2/14)

	Registration Section Division of Corporations							
SUBJEC	Move Aside Jet Ski Rentals LLC T:							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The enclo	osed Registered Agent/Registered Offi	ce Change and t	fee(s) are submitted for filing.					
Please re	turn all correspondence concerning thi	s matter to the f	ollowing:					
Cynthia L	Davies							
	Name of Person		<del>_</del>					
Cindy's F	lorida LLC							
	Firm/Company							
8051 N. T	famiami Trail STE E6							
	Address							
Sarasota,	Florida, 34243							
	City/State and Zip Code		_					
reports@c	cloudpeakiaw.com							
E-n	nail address: (to be used for future ann	ual report notific	cation)					
For furth	er information concerning this matter.	please call:						
Cynthia E	Davies	727 at (	300-0042					
	Name of Person		Area Code & Daytime Telephone Number					
F D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
E	Enclosed is a check for the following	amount:						
ī	\$25 Filing Fee	<b>□</b> \$5.	☐ \$55 Filing Fee & Certified Copy					

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. N	Name of the limited liability company: Move Aside Jet S	Ski Ren	ıtals	LLC	
2. (a)	8051 N. Tamiami Trail STE E6		(b)	8051 N. T	amiami Trail STE E6
<b>-</b> . (a,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, Florida, 34243	<del></del>		Sarasota, l	Florida, 34243
	05/30/2018			1.18000134	1175
3.	Date of filing/registration in Florida	4.			Document number
5. (a	BURNFIN, DANA				
<i></i> (u	Registered Agent and Registered Office shown on the records of	the Flo	rida 1	Dept. of Stat	e:
	16215 FL-50 SUITE 306				•
	Registered Office Address (MUST BE FLORIDA STREET)	ADDR	ESS)	•	_
	CLERMONT , FL	3471	l	•	_
(b)	Cindy's Florida LLC				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	ress;	<u>र</u>
	8051 N. Tamiami Trail STE E6				
	NEW Registered Office Address:				_
					-
	Sarasota	3424	3		_
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the	terec con limit	l office an npany, it i ted liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Cynthia Davies nature of a member or authorized representative of a member	(	yntl	nia Davies,	Manager
Sign	nature of a member or authorized representative of a member	_			Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. It is writing of this change.	ree to o perfoi d for i hereby	act i rmai n Cl ecor	n this cap ace of my apter 603 afirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
	Cynthia Davies				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent